

School-Based Oral Health Program Information/Tracking Form

	iiiig ii ii oi ii a	tion on school-	·based oral heal	th programs	provided through	ghout the
state. If your school has an outside						
screenings, cleanings, sealants, f			complete and	return this fo	rm when the pro	ogram
has been completed. Thank you	for your help					
PROGRAM INFORMATION						
School's Name:						
School Nurse's Name:						
School Nurse Email Address:						
School Phone #:						
City/Town Where School is:						
Name & Position of Person						
Filling out this Form:						
Name of Oral Health Program						1
Providing Services at your						
School (Public or Private)						
Is this a returning program?	Oral he	ealth education	n provided?	Free tooth	brushes provi	ded?
Y N	Y		t Know	Y N_	Don't Knov	
PARTICIPATION AND ASSESSMENT INFORMATION						
One grade in each box below:						
Targeted Grades: (i.e. Grade 2) P	Grie grade iii					
on each grade where services were provided						
Consent Forms						
# Students in the grade						
# Students with returned consent						
Assessment and Preventive Dental Services						
# Students screened						
# Students screened						
# Students screened # Students receiving cleanings						
# Students receiving cleanings						
# Students receiving cleanings # Students receiving sealants						
# Students receiving cleanings # Students receiving sealants # Students receiving x-rays						
# Students receiving cleanings # Students receiving sealants # Students receiving x-rays # Students with untreated decay (# Students referred for treatment *For Schools with Restorative I	cavities) Dental Servi					
# Students receiving cleanings # Students receiving sealants # Students receiving x-rays # Students with untreated decay (# Students referred for treatment *For Schools with Restorative I # Students receiving fillings in sch	cavities) Dental Servi					
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# Students receiving cleanings # Students receiving sealants # Students receiving x-rays # Students with untreated decay (# Students referred for treatment *For Schools with Restorative I # Students receiving fillings in sch	Cavities) Dental Servinool In school olve you in	ces the referral p	rocess for follo	ow-up care?	Yes No	

Please return the form to the Office of Oral Health by
Emailing it to: Lynn.Bethel@state.ma.us
Or faxing to: 617-624-6062, or mailing it to
Lynn Bethel
Massachusetts Department of Public Health
Office of Oral Health
250 Washington Street
Boston, MA 02108